

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLVIII.

WEDNESDAY, MAY 11, 1853.

No. 15.

EPIDEMIC OF 1852-53 IN NEWTON AND VICINITY.

BY EDWARD WARREN, M.D., NEWTON, MASS.

[Concluded from page 281.]

CASE VIII.—December 2d. I was called to a young married man, about 28 years of age, who was suffering from a very severe attack of inflammation of the tonsils. The pain was intense, and had prevented his sleeping for several nights. I applied nitrate of silver to the tonsils, and gave him a gargle composed of muriatic acid with confect. rosæ and rose water, and a Dover's powder every four hours. This course was continued until the 9th, when his throat was well.

Jan. 31st.—I was sent for to visit him again, and found that he had been suffering for a week with an attack similar to the preceding. I found both the tonsils greatly enlarged, but not filling up the passage of the throat, or causing impediment to the voice or breathing. The pain was more intense than before; the most severe in appearance that I have witnessed from such a cause. As he was unwilling to have the nitrate applied, I prescribed merely opiates, a gargle, and external irritation to the neck. After a day or two, finding he was not essentially relieved, I applied the nitrate of silver again, about the 4th and 5th of February. On the 6th, he informed me that his throat was nearly well; but I found him in bed, complaining of a pain in the right knee. He now told me that he had formerly had rheumatic fever. I advised the application of a blister to the knee, and an opiate at night.

February 7th.—I found the pain in the knee gone; he had pain in the shoulder, and the tongue was covered with a thick white coat. The pulse was small and not rapid.

This afternoon I was called to him suddenly, and found him in great distress from pain in the bowels, especially at the epigastrium. No pain on pressure. On the contrary, he informed me that the pressure of my hand relieved him. I prescribed external irritation and Dover's powders.

8th.—Has passed a bad night. Complains of fulness and distress in the bowels. Coat on tongue brownish. Abdomen and thorax covered with dark-colored circular spots or maculæ. He states that an eruption of this kind came on after his recovery from his last sore throat. Lies on his back, with his head low and his knees drawn up. On moving his

body he contracts his forehead with the same expression, as if of organic pain, which I noticed in the other cases; but says he has no pain. Perspires very freely.

The friends now becoming alarmed, proposed a consultation with a physician who was visiting a patient in the neighborhood. I met him in the afternoon; and he made a very careful examination of the patient, and decidedly pronounced it a case of typhoid fever. On my calling his attention to the fact, that the maculæ, besides being very different from rose spots, were not confined to the abdomen, but spread over the thorax and a large portion of the body, he thought they resembled the spots of ship fever. He gave a favorable prognosis. Advised a strictly expectant course; Dover's powder, nitre, &c., and injections when a motion of the bowels was required. I gave my opinion that the disease was of an erysipelatous character, and suggested quinine; which he thought it too early to give.

My reasons for considering it erysipelatous, were the history of the case, the close resemblance of all the symptoms to those of the cases of peritonitis above described; the fact that one of the patient's children, during his illness, had an erythematous rash, while another had erysipelatous pustule upon the finger. Their mother had sore throat and incipient pustule, which was cured by nitrate of silver and poulticing. These affections, moreover, were prevailing in all the houses around.

The next morning, Feb. 9th, I found him very much worse. His countenance was quite yellow, tongue dark colored, pulse small, and about 100. Cannot move his left arm. In short, there seemed every probability of his sinking as rapidly as the other three patients. Unwilling to resort to quinine without farther consultation, I prescribed *spt. Mindereri* as a substitute, and requested a consultation with some one. Dr. Hoyt, of N. Natick, met me about 2 o'clock, P.M. The patient seemed now somewhat better, and the yellowness had greatly disappeared. Dr. H., however, found his pulse over 100. Taking into view the whole history and circumstances of the case, he agreed with me as to its erysipelatous character, and to my great satisfaction advised pretty full doses of quinine. He advised three grains, once in six hours, a conium pill of three grains, and morphine or elixir of opium in doses sufficient to keep him free from pain: also sinapisms to the bowels, and diet of broth and beef-tea. His prognosis was unfavorable.

10th.—Appears better, but says he has passed a bad night. The bowels are easier, but has great pain and soreness in the limbs. Has taken fifty drops of the elixir of opium. Says it is the only thing that has done him any good. Bears quinine well. Pulse a little fuller and less rapid than yesterday.

In brief, he varied greatly from day to day, the disease going from one arm to the other, and to the knees and ankles; occasionally producing a redness on the joint, and threatening the formation of a tumor or tubercle, but disappearing again, and attended with little if any swelling. The pain was always to be distinguished from rheumatic pain, by being relieved by pressure. The pain or distress which occurred in the bowels early in the disease was very promptly relieved, and did not return.

Pimples or tubercles subsequently made their appearance on his arms, and one large one upon the back. These, however, whether because the disease had exhausted itself, or in consequence of the continued use of quinine, never became very troublesome.

I visited him twice a-day, until the 17th. After continuing the quinine powders for about four days, finding the pulse very full and becoming too rapid, I first omitted one dose in twelve hours, and then substituted a tincture of the sulphate, one drachm to a pound of diluted alcohol, with thirty-five drops of sulphuric acid. As quinine is not perfectly soluble in water or even spirit, it is probable that a much smaller quantity will be effectual when thus prepared. I gave a teaspoonful three times a-day.

I continued my daily visits until about the first of March, at which time he was able to walk out. Two pretty severe cases occurred in another family in the same house; one in a boy of about 15, the other in a girl of 10 or 12. The symptoms were strikingly similar to those in the preceding case. The boy, however, had great redness of the face, and the girl's attack was preceded by a rash or eruption, which I did not see.

CASE IX.—I began to visit the above patient Jan. 31st. On the 2d of Feb. I visited a boy of 13 or 14 years of age, in the opposite house, who had an erysipelatous pustule on the end of his thumb. He was the brother of the patient whose case is described in vol. xlv., page 174. The disease had commenced several days before, but was apparently too slight to attract much attention. It was now becoming very painful, and I applied caustic over the sound and diseased parts, and caused it to be poulticed. The inflammation was thus prevented from extending upwards, but the disease continued in the cellular membrane. He had the white-coated tongue, and small, slow pulse, of the others. About Feb. 4th, I commenced the tinct. sulphat. quinine, 15 drops three times a-day. Finding a soft, fluctuating fluid under the skin, I cut through the latter; but only blood followed the incision, and it became more painful. The tumor continued to increase slowly from day to day. It was much of the time free from pain, and it was advancing on the side opposite to the one I had punctured. In about a week longer, constitutional symptoms developed themselves with great severity; chills, vomiting, pain across the epigastrium, &c. The pulse, however, when I saw him, was slow, the extremities cool, perspiration very free.

CASE X.—Upon the 14th, when the subject of the preceding case had been two or three days in bed with the severe constitutional symptoms mentioned, his grandmother, a lady of 72 years of age, came towards me in high spirits, exclaiming that the swelling had broken. I found this to be the case, and that it had broken on the side opposite the one on which it had commenced. In the evening I was called to the grandmother, who was said to be dying. She had seemed to me quite well and very active in the morning. She had eaten a hearty supper, which she finished with apple-pie and pickles. After supper, feeling unwell, she went up to her chamber to lie down. The moment her head was upon her pillow, she was violently seized with pain or distress

in the back of the head. I saw her within a few minutes. She was sitting in a rocking chair, exclaiming that she was dying, but in a strong and natural voice, and holding her head almost erect. Taking into consideration all the circumstances, I thought expedient to give her a dose of ipecac; and had mustard applied to the back of the neck. The emetic operated promptly and mildly. She seemed to be somewhat relieved, and I had her placed upon her bed, and directed elixir of opium.

Soon after I left her, she felt an uneasiness in the bowels, which induced her to insist upon getting up. After sitting a moment or two, she dropped backward upon the floor, and became insensible. I found her insensible and stertorous, and she died within an hour. I leave it for others to determine whether her death was or was not the result of epidemic or infectious miasm or virus.

Her grandson soon became able to walk out; and the thumb has gradually improved, though it is not yet entirely well.

CASE XI.—Feb. 2d. I was called to a young man in a house a few steps from the preceding. He had a swelling upon one leg, between the heads of the gastrocnemius muscle, with diffuse inflammation, and severe constitutional symptoms. I had it poulticed, and gave him quinine. In about two days from the time that I saw him, the tumor broke, and he very shortly returned to his business. His mother had at the time a troublesome swelling or puffing up, at the epigastrium, and has since had several attacks of the prevailing epidemic in form; sudden and severe enough to excite great alarm.

CASE XII.—Upon the 12th of February, I was requested to see a young married woman, the mother of two children, who had been out of health all the past summer, apparently with some derangement of the digestive functions. She now had severe cough and palpitation. During the funeral of the puerperal patient, Case VII., she had taken care of the house, and received those who came. She was much exposed to the weather, it being a violent rain; and also to whatever risk there might be of infection. On examining the cardiac region, the pulsation of the heart was hardly discernible; but above and upon the left side, near the axilla, was a loud bellows sound. I prescribed a blister over the region of the heart, and an expectorant. The pulse was slow, and, as it were, compressed.

On the 14th of February, the same evening on which the fatal Case No. X. occurred, I was called to her. She stated that she had been suddenly seized with violent throbbing, and her breath was suddenly "sucked in." She had great distress at the epigastrium, and in the head, especially at the back part of it. About an hour after the attack, a fit of trembling or shivering came on. The extremities were cool. Pulse quite slow and small. I directed that she should not be moved from the sofa where I found her. I had sinapisms applied to the bowels; the head freely bathed with camphor, and gave her spirit ætheris nitrosi, æq. ammoniæ and elixir of opium.

Feb. 15th.—Found her in the same position. She had not raised her head. Pulse as yesterday. Tongue covered with a thick white

coat. Great fulness of the bowels, swelling and soreness across the epigastrium; no spots of any kind. Has perspired freely; cheeks very red, but the hands cool. I directed a continuance of the mustard poultices, Dover's powders and nitrous ether. Five drops of the ammonia to be given, if any faintness or spasm ensued.

16th.—As yesterday. Lies on her back, with head low. On attempting to raise the head, it brings on great distress. The attempt to raise the left hand to the head brings on throbbing and great difficulty in the chest. Her voice is strong, and her spirits generally good. I prescribed elixir vitrioli as a drink; spts. Mindereri in place of the nitrous ether. Elixir of opium and ammonia to be used if required.

17th.—As before. Commenced tr. sulphat. quinine, a teaspoonful three times a-day.

18th.—Cannot take the quinine. Reduce the dose to fifteen drops, and increase by five daily. After continuing to improve for about a week, during which her bowels were moved only by injections of gruel, she had a fresh attack, occasioned, it appears, by some slight alarm. I found, however, in the morning, that she was not essentially worse. The circulation had become more free; the action of the heart was, on the whole, improved. I found that when the quinine was increased to sixty drops, unpleasant symptoms were produced, and it was necessary to go back. Perspiration was always free. Tremblings, throbings, palpitation, pain in the limbs, particularly in the left arm, frequently returned. For some time, an inadvertent attempt to raise the left hand to the head brought on severe distress in the cardiac region, accompanied with violent throbbing. There were frequent sudden alarms, which occasioned me to be sent for. By the first of April, however, I considered her well enough to discontinue my visits.

This patient had a much better faculty of describing her symptoms than the others. When, towards the end of my attendance, I thought it expedient to prescribe a cathartic, she informed me the next day that she had some pain from the operation. It was real "old-fashioned pain," and the first *pain* she had had since she had been ill. She had suffered a great deal, and had complained of pain, but in the same manner as the others. The truth was, it was a sensation severe and alarming, because different from anything they had ever experienced; but it was not "old-fashioned pain." On being questioned, the others described it as burning, stinging, or soreness.

During the latter part of her illness, I substituted the application of croton oil for the sinapisms, causing it to be applied alternately to the cardiac region, and to the epigastrium.

In this case I had at first serious reasons to believe that there was severe organic, or, at least, functional derangement of the heart. Nearly all evidence of this kind, however, passed away with her amendment. Most of the symptoms resembled very closely the severe cases which had gone before; and still more closely the succeeding. The cough and other pneumonic symptoms disappeared entirely when the sudden attack came on. In some of the later cases, the pneumonia has been more severe and the cardiac affection slighter, but palpitation has been

very frequent. While, in this case, some of the symptoms were more violent than in any of the others, I never felt any apprehension of immediate danger to life. In Case VIII. I did feel the utmost apprehension of an unfavorable issue.

In the present case, after the first week or two, there was a good appetite; and it was a remarkable feature in this, as in all the other cases, that there was constant craving for solid food; forming a great contrast to the condition in typhoid and typhus fever.

CASE XIII.—The lady who was the subject of Case VI. in my former communication, was attacked in a similar way as before. After keeping about house for nearly a week, she had a fresh access of the complaint, Nov. 14th.

I found her sitting up in bed, as before, with intense distress in the head. Face moderately swollen, and very red. Pulse small, not accelerated. White coat on tongue. Skin cool. In short, the attack was perfectly similar to that of last year; but very much worse. After a few days the distress in the head abated, but severe pain came on in the upper part of one leg, below the ham. On examining, I found diffuse inflammation around a spot between the heads of the gastrocnemius; and the vein in that spot greatly enlarged. The constitutional symptoms had very considerably abated; but the pain in the tumor was very great. I considered it decidedly advisable not to employ depletory measures, but to apply warm poultices at once to the tumor. I gave morphine for the relief of the pain. In about three days, the tumor pointed and began to discharge. A small opening was formed in the vein, from which some blood escaped. After poulticing for a day or two, the inflammation subsided sufficiently to allow me to apply straps and a roller to the limb. About the 18th of November, she began to walk upon it. The wound had healed perfectly, leaving hardly a vestige on the skin, and none upon the vein. An elastic stocking was procured, and has been constantly worn since. There has been no return of disease in the limb.

Here, then, was a case of genuine phlebitis; and its origin could be directly traced, not only to the present and former epidemic attack, but from this, through other members of her family, to the institution, the principal of which died as I have before related. Of course, I cannot say that it was derived by infection from him, or that his disease was the same; but only, that I was informed that a peculiar form of influenza prevailed there among the young ladies; one of whom came home with the symptoms I described.

Feb. 24th.—The subject of this same case had another severe attack, brought on, like the former, from fatigue and anxiety, in attendance upon a sick person. It was attended with more inflammation and swelling about the face, than the preceding ones. I concluded in this case to commence at once with quinine, even before the attack was developed. She took elixir vitriol in water as a drink, which seemed always to benefit her. On the second day of the attack, I gave her, at her own request, an emetic of ipecac.; resuming the quinine as soon as the state of the stomach would allow. On the third day, I found her out of her chamber,

and in a day or two she was well. There has been no return of inflammation in the vein.

Whether her rapid recovery was owing to the quinine, or to other causes, I cannot say. The attack was as violent as either of the former, the symptoms were as severe; and, as in the former case, she had neglected the first warnings, and continued about her usual avocations until absolutely unable to leave her bed.

It is worthy of mention, that the house in which these cases occurred stands in an elevated situation, entirely alone, and about a mile from the village.

CASE XIV.—Feb. 26, I was called in the evening to see a girl of about 12 years of age, who had been suffering for several days from earache. It had now become violent, and was attended with severe constitutional symptoms. I prescribed laudanum for the ear; and 15 drops of elixir of opium once in four hours. The next morning I found the ear relieved. She had taken three doses of the elixir. The ensuing night I was called up to visit her. The pain had left the ear, and was now in the bowels. She had a white tongue; had fits of shaking or trembling, and there was great fulness across the epigastrium; skin cool and moist, pulse slow, cheeks very red. I applied sinapisms to the bowels, and gave her a large dose of elixir of opium. This relieved her, and the pain did not return.

In the morning I found her free from pain, and in high spirits. The coat on the tongue, however, continued. She had good appetite or craving for hearty food. I now put her upon a full dose of the quinine; a teaspoonful of the tincture I have described. She bore this medicine better than any one to whom I have given it. She was kept in bed for several days, and it was a week or more before the coat left the tongue; but she improved from day to day, and, in fact, was perfectly comfortable from the time that the night attack was relieved.

CASE XV.—Feb. 24th, a middle-aged married woman, having a family of grown-up children, was taken with severe pain in the right groin, to which she had been subject before, at times. Last night she had chills and palpitation. I found her tongue loaded with a thick white coat, considerable pain in the head, skin cool, pulse very small and feeble, not accelerated. Has had nausea and some vomiting. I gave her an emetic of ipecac., to be followed by Dover's powders; a blister to the seat of pain in the abdomen.

25th.—About the same. Pain in the groin less. Appetite good.

26th.—Last night had severe chills, which she attributed to sitting up some time. Some nervous excitement or wandering of the mind in the night, and palpitation. Fulness at the epigastrium, and great distress there now. I prescribed tr. sulphat. quinine, a teaspoonful three times a-day, and an opiate at night. The tremblings and a throbbing below the region of the heart came on nightly for some time. Her recovery was retarded by sitting up too much, and by not being free from family cares. I continued to visit her daily until about the 30th of March, when she was well enough for me to leave her; but she is not yet entirely recovered.

It was my intention to have given other cases, which were exceedingly interesting to me in their peculiar developments ; some of strong robust men, who continued about their usual employments until a fresh and violent access of the disease fairly alarmed and disabled them ; cases coming on with great violence, and disappearing promptly in proportion ; some cases of infants, seized in the most alarming manner either with symptoms of lung fever, or of inflammation of the brain, but disappearing almost as promptly as they came on. But I have already exceeded all reasonable limits.

Latterly the cases have been attended with cough and other symptoms of pneumonia ; sometimes to an alarming degree in infants or young children. Yet I have ventured upon the quinine, although it seemed to be contra-indicated ; and they have rapidly improved. To nursing infants I have given the tincture in doses of five to eight drops three times a-day. Their recovery has been speedy.

I may describe one more attack which I have recently witnessed. As in the other cases, the first stage was passed before I was applied to. On a warm day, on which several new cases occurred, the subject was seized in the evening with headache and fulness or oppression at the stomach, resembling precisely the symptoms of enteritis. This continued through the night and next day ; when towards evening these symptoms disappeared, and a burning sensation was felt from the throat to the stomach, like that of inhaling the burnt air of a close room. Upon going to the outer door, shivering came on, lasting for some minutes. Upon going to bed, the middle of the body, from the thorax to the thigh, including the whole abdomen, was found covered with a scarlet erythema. This remained for about thirty-six hours ; the subject taking quinine, but continuing about his usual avocations. Upon the appearance of the rash, the other symptoms disappeared.

I believe that the disorder generally comes on in this manner. There is a distinct attack, and then twenty-four hours elapse before the chills occur. In this interval, I expect, if an emetic and opiates are given, and entire rest observed, it will be arrested. Perhaps quinine might be given at once, with equal effect.

Quinine, it is well known, is not a new remedy for erysipelatous disease. In its original form of Peruvian bark, it was given and recommended by John Hunter, sixty years ago ; and despite of the authority of Sydenham, Travers, and many other great names, its use has been sustained with much force and clearness by many English writers of the highest eminence.

The description given by Sydenham, applies rather to the sporadic cases, which are often met with in individuals of good constitution when no epidemic is prevalent. He was, perhaps, the closest observer of the epidemic constitutions of different years who has ever written. In erysipelatous diseases attended with debility, he gave tonics. Sir Astley Cooper gave calomel in the first instance, and then resorted to quinine or other tonics. But medical treatment must be adapted, not only to the particular disease, and to the constitution of the patient, but to the locality and the atmospheric constitution of the season.

We have almost given up the use of the lancet. Purgatives are in disrepute among the profession; though favorites in family practice. Quinine is recommended in rheumatism. The time may come, when it will be considered the sheet anchor in scarlet fever! Dr. Cain's treatment of scarlet fever, noticed in this Journal in 1851, consisted in inunction by bacon as the base of his treatment, but he employed also tonics and stimulants. This is deserving of consideration. The time may come when opium and bark will form our whole materia medica, relying for everything else upon cracked wheat and molasses, or sometimes a dose of ipecac.!

Mr. Nunnely and other writers describe erysipelas as attended with a quick small pulse. In my cases, at the time of my visit, the pulse was generally slow, but it would vary from hour to hour. The disease was decidedly not one of inflammation, but of irritation, and the state of the patient at all times was readily affected by mental causes. Hence the appellation of irritative fever seems to be most expressive of the peculiar character of the epidemic, both of this season and the last. It is some years since I examined the work of Dr. Butler, and I do not recollect precisely in what sense he used the term. I would neither attempt to appropriate a name, or to reform nomenclature. I should merely use this name, or *constitutional irritation*, as peculiarly expressive of the present epidemic as I have witnessed it. That it has prevailed and is prevailing to a less or greater degree, not only in other places in the country, but in the city, I am also aware.

In conclusion, I wish to say that I have reported, above, all my fatal cases.

Newton Lower Falls, April 18, 1853.

AN OVER DOSE OF CROTON OIL.

[Communicated for the Boston Medical and Surgical Journal.]

ALL that is important in medicine is made up of facts—and every individual who leaves one fact on record, adds something to the common stock, however trifling the fact, of itself, may be. If you think the following worth a place in your Journal, you are at liberty to insert it; if not, throw it “under the table.”

About the middle of February, S. N., of this town, aged 22, was attacked with acute rheumatism (a disease, by the way, that has been very prevalent in this region the past winter), which continued some six weeks, affecting the heart and diaphragm by metastasis. In the treatment of the case, I relied, mainly, on *copious* bleeding, and calomel combined with Dover's powder. But, to come to the *fact*. The patient so far recovered, as to be out of doors; and venturing too much, brought on a relapse of the disease, affecting the organs before named, exclusively. I prescribed, among other things, the use of croton oil externally to the epigastrium, and tinct. opii, in doses of ten drops, at intervals. By mistake of the nurse, ten drops of the oil were given, instead of the laudanum. Much alarm was, of course, soon excited; the patient and

his friends having got the impression, which is quite general among the people, that this article is given only in cases of "life and death," and then in very small doses. A messenger was sent "for the doctor," in great haste. It happened that I was attending another case at the time, and did not arrive till one hour and twenty minutes had elapsed after the accident. I found that state of mental excitement on the part of the patient and his friends, which naturally results from the apprehension of certain and immediate death. Here was a set of circumstances which, one would think, might give even the uninitiated a faint idea of the responsibilities of a physician. The first thing to be done was to allay the excitement. I said to the patient—"It won't kill you." This produced a calm, which enabled me to sit down for a moment and reflect what was to be done *physically*. I soon came to the conclusion that it was too late to trust to an emetic; and determined on giving mucilage to the extent of the stomach's capacity, and wait the result. In *eight hours* there was a *moderate* operation on the bowels. The evacuations which followed, occurred once in thirty minutes, numbering ten in all. The degree of prostration was not great. Not the first symptom of irritation of the stomach appeared. In five days after the accident, the patient was able to walk into another room.

The effect of this occurrence on the public mind, is that "*the oil cured him*;" which remark has about as much propriety in it, as if we should say of a man recovering from a fit of drunkenness—the "*liquor saved his life*."

W. B. SMALL, M.D.

E. Livermore, Me., May 2, 1853.

RECUPERATION.

BY GEORGE HOYT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THERE is in the animal economy a principle of great value to a physician; and, if results be considered, of no less importance to the patient, which ought carefully to be studied and apprehended. I refer to the *recuperative* power of the system, by the agency of which an effort is always made to restore a suffering member or diseased body to its original standard of health.

In disease, this principle is always active and more or less obvious. When distinctly seen, it is a valuable and efficient guide; for a physician is but the handmaid of nature. His province is never to supersede, but to aid her. She has a language of signs, beautiful and distinct, by which her intentions are made manifest, and it is his duty to observe and expound them. In fevers, it is witnessed in the earnest appeals of a patient for water, "cold water," and in his oft inability to slake his thirst. It is not less observable in the delicious sensations arising from the free admission of pure air. It is seen in critical diarrhœas, sometimes in profuse perspiration, often in bleeding at the nose, occasionally in the expectoration of blood, and generally in hemorrhage from the bowels. The following case illustrates the principle.

A young man, of about 18 years of age, in the beautiful town of Hubbardston, where I then resided, was suddenly attacked with pleuropneumonitis, apparently investing both surfaces of the serous membrane, and severely affecting the right lung. The disease was fearfully developed before I saw him, and was not arrested till near the end of the second week. After the crisis, his improvement was slight, indeed hardly perceptible, and he continued feeble beyond my expectations. A careful examination by physical signs revealed his true state. An empyema, or, as the sequel proved, a partially-encysted abscess, had formed in his right side; a condition usually fatal, though not necessarily so. At this time it was impossible to determine to what extent the lung was invested. He was "comfortable," however, and knowing that nothing but an operation could touch the case, I concluded to trust him to the efforts of nature for the present.

From the outset he had been troubled with cough, but with slight expectoration, and did not sensibly change in this respect for quite a length of time. But pus began to appear, gradually increasing in quantity for some months. If he now turned upon his left side, a position he exceedingly disliked, violent paroxysms of coughing ensued, accompanied by an almost continuous stream of matter—demonstrating, that being unable to make a portal at the side, nature had opened a passage to the trachea through the lungs, and furnishing an additional evidence of the general law.

Nearly a year had now elapsed since his attack. He had improved in no particular. Rapid pulse, frequent respiration, night sweats, emaciation and great general debility, were his prominent characteristics. He was evidently incurable, unless it were possible by an operation to relieve him. The objections to this, lay in probable adhesions, the extent of which, it was impossible to determine. In consultation with three eminent physicians, the only one of whom now living, is Dr. Os-good, of Templeton, Mass., it was determined, as a dernier resort, to perform the operation. The consent of all interested being readily obtained, we laid his skeleton body upon a table, and with a scalpel and lancet, I cut to the right lung, betwixt the sixth and seventh ribs. No pus issued; and the introduction into his side of a curved probe, revealed the reason. Adhesions above the point of incision had taken place, and matter, the abundance of which I could not question, was imprisoned above it. Further dissections were deemed inexpedient, and the case was *again* entrusted to nature. But the wound showed no disposition to unite, and in a few days there burst forth such a quantity of matter, as, in the language of the mother, flooded the bed.

Still the wound did not heal, and within the succeeding few days two additional ejections poured from his side, varying in quantity from half a pint to a pint or more, by estimation.

This was the termination of the case. The wound closed, the cough disappeared, expectoration ceased, and his appetite returned. A cheerful mind, with the inspiration of hope, gave him new life, and he ultimately recovered. It is now rising twenty years since that event transpired, the subject is still living, a successful agriculturalist, and the

head of a happy family.—There are here *four points* marked by *recuperation*.

1st. The empyema, or abscess, the formation of which is *curative*.

2d. The passage for the egress of matter through the trachea.

3d. The *additional external impulse* after the operation.

4th. Union of the internal cavities after evacuation of the pus.

FOREIGN BODIES IN THE STOMACH.

FOREIGN substances, of a very singular character, sometimes find their way into the stomach, from which they are frequently extracted with great difficulty. A most remarkable instance of this description, calling forth extraordinary ingenuity on the part of the surgeon, occurred in 1814, in the practice of Dr. Bright, formerly of New Castle, and now of Louisville, Ky. The particulars are too interesting not to be mentioned on this occasion.

"A child near New Castle, in that State, playing with a fish-hook, incautiously swallowed it, while the line to which it was appended hung out of the mouth. The mother instantly seized its hands, and sent for Dr. Bright, who arrived soon after this embarrassing occurrence. Learning that the hook was one of very small size, he made a hole through a rifle-ball, and having passed the line through it, he dropped the ball into the child's throat, which was immediately swallowed. He then, by means of the line, withdrew the hook from the stomach, whilst the bullet prevented its point from injuring the cardia or œsophagus."

My friend, Prof. Gibson, of the University of Pennsylvania, evidently refers to this case in his work on Surgery; but he attributes it, erroneously, to a New England surgeon. Dr. Bright's case occurred when he was quite a young man; and while he was a student in Transylvania University, in 1823, he communicated the particulars of it to the late Prof. Brown, of Lexington.

It is known that foreign substances, accidentally introduced into the stomach and other organs, will occasionally migrate to a great distance, and be at length eliminated through the skin. A very remarkable example of this kind occurred, not long ago, in the practice of Dr. N. B. Anderson, of this city. A girl, aged 19 years, on the 20th of April, 1849, in a fit of laughter accidentally swallowed a large brass pin and a medium-sized needle. Nothing of moment occurred for three weeks, when pain and uneasiness began to be felt at the cardiac orifice of the stomach, where it continued for three months, when it gradually changed its position, and fixed itself upon the inferior lobe of the left lung. In this situation it remained for about nine months, without any disturbance of the respiratory function, with the exception of occasional cough and slight hemoptysis. The pain then shifted to the glenoid cavity of the scapula, and then to the axilla, impeding the movements of the superior extremity. The limb continued in this condition until December, 1850, when the pain and uneasy feeling gradually extended down the arm, and at length settled at the elbow, in the belly of the biceps muscle.

Here a dark spot formed, quite sensitive to the touch, which soon terminated in an abscess, filled with bloody matter, and containing the foreign bodies, situated about half an inch apart. The pin was discolored, but the needle retained its polished aspect.

Thus it would seem that these two bodies travelled side by side from the stomach through the diaphragm, and thence through the walls of the chest to the superior extremity, where they finally excited suppuration, leading to their extraction by the knife.—*Prof. Gross's Report on Surgery.*

ON SYRUP OF IODIDE OF IRON AND MANGANESE.

BY WILLIAM PROCTER, JR.

THE attention of the medical profession has recently been awakened to the advantages to be derived from the use of the salts of iron and manganese in combination, when preparations of iron alone have heretofore been indicated. Among the compounds used by M. Petrequin, is a syrup of iodide of iron and manganese, but the method suggested for its preparation from the solid iodides, by M. Burin-Dubuisson is too indefinite to be generally adopted, besides involving the necessity of previously preparing and keeping the solid iodides. The following formula yields a preparation of the strength of the officinal syrupy solution of iodide of iron, and the manner of using it and the doses are the same.

Take of Iodide of Potassium,	-	-	-	1000 grains,
Proto-sulphate of iron (in crystals)	-	-	-	630 "
Proto-sulphate of manganese, "	-	-	-	210 "
Iron filings (free from rust),	-	-	-	100 "
White sugar (in coarse powder),	-	-	-	4800 "
Distilled or boiled water, a sufficient quantity.				

Triturate the sulphates and the iodide separately to powder, mix them with the iron filings, add half a fluid ounce of distilled water, and triturate to a uniform paste. After standing a few minutes, again add half a fluid ounce of distilled water, triturate and allow it to rest fifteen minutes. A third addition of water should now be made and mixed. The sugar should then be introduced into a bottle capable of holding a little more than twelve fluid ounces, and a small funnel, prepared with a moistened filter, inserted into its mouth. The magma of salts should then be carefully removed from the mortar to the filter, and when the dense solution has drained through, distilled or boiled water should be carefully poured on in small portions, until the solution of the iodides is displaced and washed from the magma of crystals of sulphate of potash. Finally, finish the measure of twelve ounces, by adding boiled water, and agitate the bottle until the sugar is dissolved. The solution of the sugar may be facilitated, when desirable, by standing the bottle in warm water for a time, and then agitating.

Each fluid ounce of this syrup contains fifty grains of the mixed anhydrous iodides, in the proportion of three parts of iodide of iron to

one part of iodide of manganese, and the dose is from ten drops to half a fluid drachm.

Remarks.—Owing to the slight solubility of the resulting sulphate of potash, and the small quantity of water employed to effect the interchange of elements, but little of that salt is contained in the syrup. The object of the iron filings is to saturate any free iodine that may be eliminated during the exposure consequent on the gradual re-action of the salts. The use of either distilled, or cold recently-boiled water, is necessary to obviate the effect of air on the iodides. It is necessary to allow sufficient time for the complete decomposition of the sulphate of iron, else the syrup will be contaminated with it. The proper moment to lixiviate the sulphate is known by the cessation of the crystallization of the sulphate of potash. The bottle should be shaken from time to time during the filtration to protect the filtered solution, and the washing process should be stopped as soon as the sulphate ceases to have a well-marked taste of the iodides. Practically in this, as in all cases where syrups are made by agitation, and are not to be filtered, it is best to use pure lump sugar, and coarsely powder it for the occasion, as the commercial powdered sugar frequently contains dusty impurities. The preparation when finished has a very pale straw color; if the salts have not been all decomposed before the washing, the syrup will have a greenish color, and subsequently deposit crystals of sulphate of potash by standing.—*Journal of Pharmacy.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 11. 1853.

Meeting of the American Medical Association.—The sixth Annual Meeting of this Association took place in the city of New York on Tuesday, May 31. Dr. Jonathan Knight, of New Haven, was chosen President. But little business was transacted on the first day of the session, and in the evening the members, about 500 in number, were entertained at the residences of several of the profession in the city. On Wednesday the reports of the various Standing Committees were called for. Prof. Meigs, of Philadelphia, Chairman of the Committee on Diseases of the Cervix Uteri, desired that his report, which was strictly professional, might not be read to the meeting, as many were present who did not belong to the profession. Dr. Condie, of Philadelphia, was unable to present his report on Tubercular Disease, and the committee were continued another year. Dr. Emerson, of Philadelphia, presented his report on the Agency of Refrigeration produced by upward radiation of heat as an exciting cause of disease—the sanitary lesson of which was the great importance of guarding against the refrigerating effects of *nocturnal radiation*, especially in sickly places and during epidemic periods. Dr. Campbell, of Augusta, Geo., reported on Typhoid Fever. Dr. Atlee, of Pennsylvania, reported on the epidemics of New Jersey, Delaware, and Pennsylvania. Dr. Sutton, of Kentucky, reported on the epidemics of that State. Dr. Pitcher, of Detroit, presented a report on Medical Education.—Dr. Smith, of New

York, chairman of the Committee on Voluntary Essays, reported fifteen received, and premiums were awarded to the authors of the two following: "On the Cell, its pathology," &c. by Dr. Waldo J. Burnett, of Boston; "Fibrous Diseases of the Uterus hitherto considered incurable," by Washington L. Atlee, of Philadelphia.—A resolution was proposed by Prof. Palmer, of Chicago, and was adopted—"That this Association earnestly recommends to the local Societies in different portions of our country, to appoint Committees, whose duty it shall be to record the prevalence of epidemic or other diseases, and the general state of health in their respective localities, and transmit the said reports to the Committee of this body on Epidemics, through the State Societies, where they exist."—Dr. Chas. A. Lee offered a resolution censuring the medical Schools which give two courses of lectures annually—which was laid on the table.—Dr. Buck, of New York, read a paper on morbid growths in the larynx.—The subject of assimilated rank in the navy was discussed, many members taking part in it, and a Committee was appointed to bring the matter before Congress.—Dr. Peaslee, of New Hampshire, offered a resolution that no diplomas should be granted to those who intend to practise irregularly. A warm discussion followed. Dr. Sears thought the faculty who granted diplomas in such cases should have the power of taking them back. The resolution was laid over.

On Thursday, several resolutions were presented by Dr. G. J. Ziegler, of Philadelphia, and referred to the Committee previously appointed on local societies. They recommend the adoption of measures for the formation of State and County Medical Societies throughout the country; and, to secure a more general membership, that instead of the present voluntary application for admission to County Societies by individuals, every unassociated eligible physician be elected to such; and that those thus elected, and neglecting to respond to or unite themselves with the general profession, be considered as not entitled to the usual rights and privileges of professional intercourse and fellowship.—Dr. N. S. Davis, of Illinois, read the report on Medical Literature. The periodical medical literature of the country, it was stated, comprises annually 16,000 pages, 7,100 being devoted to original matter, 2,380 to reviews, and 6,390 to selections and editorials. Complaint is made, that in the original articles, writers are apt to describe particular modes of treatment which they have found serviceable, and to recommend such modes to others without regard to seasons, the topography of the place, or other local influences.—Dr. Winslow Lewis, of Boston, offered a resolution, recommending the passage by Congress of a law compelling importers of medical compounds to state on them their true constituent parts; and that State Legislatures compel venders of the same to do so in the respective States. Dr. Welford, of Va., moved that the statement be made in English, as the spirit of such a law had been evaded in Maine by the Chinese language being used! Drs. Bond of Baltimore, Sears and Cocks of New York, C. T. Jackson of Boston, Cox of Maryland, and Richards of Ohio, opposed the resolution; and Drs. Parker and Bolton of Va., and W. Hooker of Conn., advocated it. It was lost by a large majority.—Dr. Yandell, of Ky., read the report on Malignant Diseases.—A resolution offered by Dr. Gooch, of Va., to secure a more strict adherence to the code of ethics, and proposing that medical degrees be conferred on the condition that they be forfeited if the orthodox system of medicine be deserted, caused much discussion. The subject was disposed of by the passage of a resolution recommending to Medical Colleges and

examining boards to require from graduates and licentiates their signature to the code of ethics; and that the formal administration of a pledge faithfully to observe the same, form part of the public exercises at medical commencements.—The Constitution was amended so that four members of the Medical Board of the Army and Navy be admitted to the Convention, and that the American Medical Society in Paris be entitled to a representation.—A Standing Committee was appointed, to report at the next meeting, concerning any cases of death during the year from the use of anæsthetic agents.—The next yearly meeting was appointed to be held at St. Louis.—A banquet was given in the evening, at Metropolitan Hall, about 1,000 being present, which excelled any thing of the kind in New York—as asserted by the Tribune, from which the preceding brief sketch has been condensed—since the reception of Koseuth by the Bar. On Friday, the delegates were invited to visit the city institutions; and those from the North who accepted the invitation, escaped the risk to life and limb which was incurred by many who returned home by the land route on the morning of that fatal day.

Prosecution for Mal-practice.—Our readers were made acquainted last week, by one of the medical witnesses in the case (now, alas! no longer in the land of the living), with the principal points connected with the late trial for mal-practice at Lowell. If a course like this is to be pursued against surgeons, when their professional success falls short of a miracle, some new system of practice must be adopted in self-defence. Not knowing the full bearing of the testimony, it would hardly be warrantable to attempt defending Dr. Kittredge; but it seems very unlikely that a practitioner of general observation and much experience, should have bound up an arm so tightly as to put a stop to the circulation. Every surgeon in the community is liable to a lawsuit for damages. Juries appear to have been particularly sympathizing with plaintiffs, in these transactions. The case of Dr. Manning, of Lunenburg, is a remarkable instance of a disposition and determination to break down a physician. He had justice at last, at the hands of the judges, but a great injury was inflicted upon his health and property. A Boston surgeon observed, while commenting on the decision at Lowell, that a few years ago he obliged his patients, before acting professionally, to enter into an obligation not to prosecute him. Not unfrequently some rival practitioner has been called to the stand, and his testimony has added fuel to the fire. Such should speak with extreme caution under these circumstances, and be sure that prejudice has no influence over the judgment.

Medical Degrees Claimed by Colored Students.—John P. Barnell, a colored young man, has applied for a mandamus to compel the College of Physicians and Surgeons in the city of New York, to admit him to the profession. This is the statement published. Whether the object is to oblige the College to grant him a degree, or in some other way permit him to have and enjoy the rights and privileges belonging to licensed medical practitioners, is not understood. Some months since, a case very much like this occurred in New England. The parties interested were persuaded to relinquish the project of prosecuting for privileges thought necessary to a respectable entrance into the medical profession. The question came up—has any chartered institution, created expressly for the education of

the people, a right to exclude, on account of color, any person of good character and properly qualified, from receiving the benefits of study under instructors thus stationed at the portals of knowledge? In answer, it was contended that if the admission of a certain student would prove prejudicial to the reputation or harmony of an institution, whether it were an academy or university, the faculty or trustees were bound to exclude the offensive rather than offending individual, and not obliged to declare the cause of their prohibition. So, also, if colored students of medicine demand an examination for a degree, or a license from a medical society, it is competent for the officers to determine whether it is expedient to comply with the wishes of the candidates or not. If by complying, they bring the institution into contempt, and thereby destroy the conservative character it was designed to maintain in providing the community with properly qualified physicians and surgeons, society and even the tribunals would demand a change of policy. But the *law* makes no distinction between men in relation to color here at the North; and if colored students seek an education, either academical or professional, nothing but public sentiment, operating in favor or against them, can turn the scale. In Boston, a colored attorney was admitted to the bar, and the medical students cannot discover why they have not an equal claim to admission among the *Æsculapians*. Out of this anomalous condition of things, mixed up with the radicalism of the times, the flow of active christian benevolence, and the strife of political controversy, which brooks no control, it is difficult to foresee how the war of opinion will terminate.

Health of Cities.—A. B. Palmer, M.D., recently addressed a communication to the authorities of the enterprising city of Chicago, relating to the Public Health. It is of a character to command the attention of public functionaries in other places, where the population is dense, and the poor are permitted to make themselves more miserable by tenanting wretched, dilapidated houses, in filthy, out-of-the-way places. We have room for only the following extract.

"Municipal authorities dictate the mode of building for the protection of property from fire, but not for the protection of life, or of property, from disease. We have our limits within which buildings must be so constructed as to resist the ravages of that element—must be made fire-proof—but we have no localities where buildings must be made and kept, typhus, dysentery, scrofula and cholera proof, although the one is about as practicable as the other, if all the other circumstances of the city in reference to the matter be the subjects of regulation. A disease originating and gaining force in a crowded, dense, filthy and illy arranged locality, may spread to other neighborhoods, more insidiously, perhaps (for the pestilence walketh in darkness), but quite as disastrously, as the devouring flames; and should be equally a subject of municipal regulation.

"The foundation of all hygienic knowledge and sanitary reform, is in accurate and minute statistics, and the undersigned would beg leave to suggest the passage of an ordinance securing the most rigid accuracy and the minutest detail in the registration of deaths, requiring the addition of more particulars than in the present, as to locality, condition, time of residence in the city, &c., of the person—greater minuteness as to the cause of death, continuance of illness, &c., and also a registration of marriages and births."

Blood-letting.—Among the petitions sent to the legislature of New York, a year or two since, was one from Dr. William Turner, praying that physicians may be restrained from drawing blood! Arguments were produced, conclusive enough to convince a stone, that immense injury had been done by drawing blood from the veins of the citizens of the sovereign State of New York; but either from stupidity, an inability to perceive the force of reasoning, or a recklessness in regard to the value of life among the good people, their constituents, no sumptuary laws were enacted by the law-makers to restrain medical practitioners from acting according to their own individual judgment when at the sick bed. To the petitioners, the criminal neglect of duty in not passing an act to prevent phlebotomy in all cases, and the spilling of blood in operations, was perfectly unaccountable. Notwithstanding the flood of light shed upon the Senate and House of Representatives, even to this day blood-letting is actually practised throughout the Commonwealth of the State of New York. A pamphlet is before us, explanatory of the whole matter.

Death of Physicians by a Railroad Accident.—The late shocking accident at Norwalk, Conn., to a train of cars in which were a large number of delegates on their return from the meeting in New York of the American Medical Association, caused the sudden death of several eminent medical men of New England, who were greatly endeared to the profession and the people. Among them was Dr. A. L. Peirson, of Salem, Mass., a gentleman of the highest respectability, and for many years the leading surgeon in Essex Co. He was the writer of the article on mal-practice in the last number of this Journal, and called at the office to look over a proof of it on his way to New York. Dr. Josiah Bartlett, of Stratham, N. H. (one of a numerous family of physicians, worthy sons of a most estimable medical man); Dr. James M. Smith, of Springfield (a son of the celebrated Dr. Nathan Smith, founder of the Medical School at Dartmouth, and brother to Dr. N. R. Smith, of Baltimore); and Dr. J. H. Gray, also of Springfield, were among the victims. On the fatal list we also see the names of Drs. Samuel Beach of Bridgeport, Conn., Alexander Welch of Hartford, and Wm. C. Dwight of Brooklyn, N. Y. Among the physicians who were injured, were Drs. J. W. Bemis of Charlestown, C. H. Browne, of Ipswich, and W. D. Lamb of Lawrence.

Those who were killed were in the two forward passenger cars, which passed over the bridge into the river. In the third car, which did not reach the water, the first half of it being suspended from the bridge and the other half remaining on it, were Dr. J. M. Warren, of this city, with his wife and son, and Dr. Riley with his wife. In the next car, the fourth, which remained uninjured on the bridge, were Drs. Ephraim Buck and George Bartlett of this city, the latter having left one of the forward cars but a few minutes before the accident. Among the list of others who were in the last cars and escaped injury, we notice the names of Drs. Robie of this city, Dickerman of Medford, N. Sanborn of Henniker, N. H., L. Ives and H. G. Wilcox of New Haven, Ct., D. Thompson of Northampton, Benson of Waterville, Me., and Bissell, Bowen, Jones, Nevins, Gloss, Russell, Romer, White and Woodward, whose residences are not stated. It will thus be seen, that of the Boston delegation, which was the largest to the medical convention from any place north, not one was lost or seriously injured; and this, under Providence, is attributable to the detention of a portion of them in New York for another day, and to the

favorable position in which those who returned were placed in the train. The four lamented dead from New Hampshire and Massachusetts were leading members of the profession; two of them have been known to our readers as contributors to the Journal, and all of them were personally known and respected by us as friends and subscribers.—The whole number of lives lost by this fearful accident was about fifty.

New Medical Rooms.—In consequence of the recent leasing of the first and second stories of the Masonic Temple, in this city, where the archives of the Massachusetts Medical Society have been kept several years, and where the meetings have also been held, new apartments have been procured in Cochrane Hall, Phillips place, Tremont street, opposite King's Chapel, where the business will hereafter be transacted, till more permanent accommodations can be secured. The library, rooms for the Council, together with a fine hall, are all contiguous, and on the whole, convenient and central as could be desired. The annual meeting, however, on the 25th, takes place at the hall of the Lowell Institute, nearly opposite this office.

The Regular Faculty and the Massachusetts Medical Society.—No wonder a correspondent thinks it curious that the Massachusetts Medical Society should be made up of such a singular combination of elements. The following extract from his remarks is not altogether imaginary in its statements. "The members, according to report, represent all shades of medical opinion. Some are allopathic, others homœopathic, while another division have no great amount of good will towards either, because, as they consider, there is a direct violation of the laws of the institution in maintaining a fellowship with persons who ridicule the old school physicians, the original members of the Society. Yet these hostile forces meet together on anniversary days, choose counsellors and committees, dine, and walk away without a word of collision. Which party lacks independence or moral courage to separate this incongruous connection—the oil and water of physic—is one of the problems we cannot solve." We stated in the Journal, recently, that a petition would be presented to the Society, at its next meeting, demanding the expulsion of the homœopaths; but by the latest intelligence it seems that no one could sufficiently screw his courage up to sign the paper. Being brave behind a high wall, and facing the guns of an enemy, are conditions widely different. At present, therefore, there is no indication of a disruption, although the members represent such different and opposing schools of medicine.

MARRIED,—Wm. J. Morland, M.D., of Boston, to Miss F. S. Dwight.

DIED,—At West Cambridge, Mass., Timothy Wellington, M.D., 70.—At Yale Settlement, Cheango Co. N. Y., Dr. Benjamin Yale, 102 years, 10 months and 3 days old.—At Ann Arbor, Michigan, Dr. Ladislaus Gozon, a Hungarian, by shooting himself in a hotel.

Deaths in Boston for the week ending Saturday noon, May 7th, 72. Males, 38—females, 34. Accidental, 1—apoplexy, 2—bronchitis, 1—inflammation of the brain, 1—disease of the brain, 1—congestion of the brain, 1—consumption, 17—convulsions, 1—croup, 3—cancer, 1—dropsy in head, 5—drowned, 2—infantile diseases, 5—puerperal, 5—typhus fever, 1—typhoid fever, 1—scarlet fever, 5—homicide, 1—hooping cough, 1—hemorrhage, 1—disease of the heart, 2—inflammation of the lungs, 4—congestion of the lungs, 1—disease of the liver, 1—marasmus, 4—mortification, 1—measles, 1—teething, 1—unknown, 1.

Under 5 years, 31—between 5 and 20 years, 5—between 20 and 40 years, 16—between 40 and 60 years, 15—over 60 years, 5. Born in the United States, 53—Ireland, 17—England, 1—Portugal, 1.

Inversion of the Toe-nail.—Dr. E. F. Smith, in a letter from Paris to the editor of the *St. Louis Medical and Surgical Journal*, thus alludes to a remedy made use of in that city for this troublesome affection :—

"A new operation for the relief of inversion of the toe-nail, or of its growing into the flesh, has been advised and practised by M. Nelaton. This is an extremely painful affection, the irritation produced by the nail producing ulceration and inevitable granulations, which prevents, from the excessive pain, the patient from walking. The ordinary operation, of splitting the nail, and then with a pair of strong forceps forcibly evulsing a half or the whole nail, has been found unsuccessful, and when after the evulsion of the nail the denuded part is touched with some strong caustic, as caustic potash, it produces a large eschar, which leaves, after its detachment, an inevitable and painful sore, which is some time in healing. M. Nelaton's operation consists in removing a portion of the ulcerated and painful flesh adjacent to the nail, and has been several times successfully performed."

New Medical College, Calcutta.—This magnificent structure has just been completed, at a cost of £20,000. It contains 500 beds, and will be incorporated with the old Police Hospital and Eye Infirmary. One wing of the Hospital is for women and children. There are twenty-four wards, each suited to twenty-one patients. The wards are spacious, lofty and ventilated, and each is supplied with water by cast-iron tubes from four large iron cisterns, on the roof, which are filled by a powerful forcing pump communicating with a tank in the vicinity. On the north side is the council-room, and on the south, the operating theatre. The Calcutta Municipal Committee, originated in 1835 by Mr. J. R. Martin, contributed largely towards the erection of the building, the funds for which were obtained from the following sources :—Old Fever Hospital subscription, rs. 61 21s-7-10; New Fever Hospital, rs. 57,771-13-11; donation of Pertaub Chund Ling, rs. 50,000.—*London Lancet*.

Hospital for Consumption, Brompton.—The portion of the building completed affords accommodation for 90 in-door patients, and also has every convenience for out-door sick, of whom 100 are daily prescribed for. The new wing is covered in, and when finished will increase the beds to 230. There are at present no less than 176 patients suffering acutely from pulmonary disease waiting for admission. The Marquis of Westminster has consented to preside at the evening festival in June.—*Ibid*.

Depopulation of the Sandwich Islands.—A Honolulu correspondent of the *San Francisco Herald* gives statistics respecting the Sandwich Islands. He states the population of eight Islands, according to official documents, to be 80,641 souls. In a given time the number of deaths, compared with the births, among this population, has been more than six to one; e. g., the deaths have been 7,943, and in the same time the births have been only 1,478. According to Capt. Cook's estimate, there were on the islands, when he first discovered them, about 400,000 inhabitants; and if so, in seventy years there has been the unparalleled mortality of 320,000 out of 400,000 lives. At this ratio another generation will be the last of the Sandwich Islanders.